CHAPTER 36
FACILITY ASSESSMENTS

DIVISION I
ASSESSMENT FEE FOR INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

These rules describe the assessment of the fee authorized by Iowa Code section 249A.21. The rules explain how the fee is determined and paid, and under what conditions collection of the fee will be terminated.

441—36.1(249A) Assessment of fee. Intermediate care facilities for the mentally retarded (ICFs/MR) licensed in Iowa under 481—Chapter 64 that are not operated by the state shall pay a monthly fee to the department. The fee shall equal 6 percent of the total revenue of the facility for the facility's preceding fiscal year divided by the number of months of facility operation during the preceding fiscal year.

441—36.2(249A) Determination and payment of fee for facilities certified to participate in the Medicaid program. For facilities certified to participate in the Medicaid program, the fee shall be determined and paid as follows:

36.2(1) The assessment for each facility fiscal year shall be based on the financial and statistical report for the facility's preceding fiscal year submitted pursuant to rule 441—82.5(249A), as adjusted pursuant to 441—subrules 82.5(10) and 82.17(1).

36.2(2) The department shall notify each facility of the amount of the fee assessed for each fiscal year following submission of the financial and statistical report for the facility's preceding fiscal year. The fee is subject to adjustment based on adjustments to the financial and statistical report.

36.2(3) The department shall deduct the monthly amount due from medical assistance payments to the facility. The department shall also deduct from medical assistance payments any additional amount due for past months as a result of an adjustment to the assessment.

441—36.3(249A) Determination and payment of fee for facilities not certified to participate in the Medicaid program. For facilities not certified to participate in the Medicaid program, the fee shall be determined and paid as follows:

36.3(1) Any licensed ICF/MR in Iowa that is not operated by the state and is not certified to participate in the Medicaid program shall submit Form 470-0030, Financial and Statistical Report, as required for participating facilities by rule 441—82.5(249A), for purposes of determining the amount of the assessment. The department may audit and adjust the reports submitted, as provided for participating facilities in 441—subrules 82.5(10) and 82.17(1).

36.3(2) The assessment for each facility fiscal year shall be based on the financial and statistical report for the facility's preceding fiscal year as submitted and audited pursuant to subrule 36.3(1).

36.3(3) The department shall notify each facility of the amount of the fee assessed for each fiscal year following submission of the financial and statistical report for the facility's preceding fiscal year. The fee is subject to adjustment based on adjustments to the financial and statistical report.

36.3(4) The facility shall pay the assessed fee to the department on or before the fifteenth day of each month. Any additional amount due for past months as the result of an adjustment to the initial assessment is due 30 days after the department notifies the facility of the additional amount.

441—36.4(249A) Termination of fee assessment. If federal financial participation to match the assessed fee becomes unavailable under federal law, the assessment terminates on the date the federal statutory, regulatory, or interpretive change takes effect.

441—36.5 Reserved.

These rules are intended to implement Iowa Code section 249A.21.

DIVISION II
QUALITY ASSURANCE ASSESSMENT FOR NURSING FACILITIES

These rules describe the nursing facility quality assurance assessment authorized by the Eightieth General Assembly in 2003 Iowa Acts, chapter 112, section 4. The rules explain how the assessment is determined and paid.

441—36.6(80GA,ch112) Assessment.

36.6(1) *Applicability.* All nursing facilities that are licensed in Iowa under Iowa Code chapter 135C and department of inspections and appeals rules in 481—Chapter 58 shall pay a monthly assessment to the department, as determined under this division, with the exception of:

a. Nursing facilities operated by the state.

b. Non-state-government-owned or non-state-government-operated nursing facilities.

36.6(2) *Definition.* For the purposes of this division, the Iowa Medicaid utilization rate is defined as the number of Iowa Medicaid patient days divided by the total number of patient days, as reported by each facility on Form 470-0030, Financial and Statistical Report.

36.6(3) *Assessment level.*

a. Facilities that have an Iowa Medicaid utilization rate of less than 10 percent are required to pay no assessment.

b. Facilities that have an Iowa Medicaid utilization rate greater than or equal to 10 percent and less than 42.5 percent or that have an Iowa Medicaid utilization rate greater than or equal to 10 percent and annual Iowa Medicaid patient days of 22,000 or more are required to pay a quality assurance assessment of $0.50 per non-Medicare patient day.

c. Facilities that have an Iowa Medicaid utilization rate of 42.5 percent or greater and fewer than 22,000 annual Iowa Medicaid patient days are required to pay a quality assurance assessment of $4.70 per non-Medicare patient day.

36.6(4) *Limit.* Notwithstanding subrule 36.6(3), the quality assurance assessment shall not exceed 6 percent of the facility's total revenue from nursing facility services.

441—36.7(80GA,ch112) Determination and payment of assessment for facilities certified to participate in the Medicaid program. For facilities that are certified to participate in the Medicaid program, the assessment shall be determined and paid as follows:

36.7(1) During each state fiscal year, the assessment shall be based on Form 470-0030, Financial and Statistical Report, submitted pursuant to rule 441—81.6(249A) for the facility's fiscal year ending in the preceding calendar year, as adjusted during the determination of the facility's Medicaid reimbursement rate. Nursing facilities that are newly licensed under 481—Chapter 58 shall not be required to pay an assessment until the effective date of a Medicaid rate calculated pursuant to 441—81.6(249A) based on Form 470-0030, Financial and Statistical Report.

36.7(2) The department shall calculate the monthly assessment amount due by:

a. Multiplying the facility's total non-Medicare patient days by the applicable assessment level, as determined in subrule 36.6(3); and

b. Dividing the result by the number of months covered by the Financial and Statistical Report.

36.7(3) The department shall notify each facility of the amount of the assessment due following the facility's submission of Form 470-0030, Financial and Statistical Report. The assessment is subject to adjustment based on adjustments to the Financial and Statistical Report.

36.7(4) The department shall deduct the monthly amount due from the Medicaid payments to the facility. The department shall also deduct from the Medicaid payments any additional amount due for past months as a result of an adjustment to the assessment.

441—36.8(80GA,ch112) Determination and payment of assessment for facilities not certified to participate in the Medicaid program. For facilities that are not certified to participate in the Medicaid program, the assessment shall be determined and paid as follows:

36.8(1) Any nursing facility subject to assessment under subrule 36.6(1) that is not certified to participate in the Medicaid program shall, upon request, submit Form 470-0030, Financial and Statistical Report, as required for participating facilities, for purposes of determining the amount of the assessment. The department may adjust the reports submitted in the same manner as used in the determination of the Medicaid reimbursement rate for participating facilities under rule 441—81.6(249A).

36.8(2) During each state fiscal year, the assessment shall be based on the facility's Form 470-0030, Financial and Statistical Report, as submitted and adjusted pursuant to subrule 36.8(1), for the facility's fiscal year ending in the preceding calendar year.

36.8(3) The department shall calculate the monthly assessment amount due by:

a. Multiplying the facility's total non-Medicare patient days by the applicable assessment level, as determined in subrule 36.6(3); and

b. Dividing the result by the number of months covered by the Financial and Statistical Report.

36.8(4) The department shall notify each facility of the amount of the assessment due for each fiscal year following the facility's submission of Form 470-0030, Financial and Statistical Report. The assessment is subject to adjustment based on adjustments to the Financial and Statistical Report.

36.8(5) The facility shall pay the monthly assessment to the department on or before the fifteenth day of each month. Any additional amount due for past months as the result of an adjustment to the initial assessment is due 30 days after the department notifies the facility of the additional amount.

These rules are intended to implement 2003 Iowa Acts, chapter 112, section 4.

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CHAPTER 37
STANDARDS FOR THE CARE OF AND SERVICES TO COUNTY CARE FACILITY RESIDENTS WITH MENTAL ILLNESS AND MENTAL RETARDATION

Rescinded IAB 5/5/99, effective 7/1/99